		FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983
		UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983 IN THE UNITED STATES DISTRICT COURT ASTERN DISTRICT ARKANSAS FOR THE EASTERN DISTRICT OF ARKANSAS JUN 3 2006 CASE NO. JAMES W. MCCORMAN JAMES W. MCCORMAN BY:
		CASE NOBV:
I.	Partie	5 (76(.)1)() 1010
		ow, place your <u>full</u> name in the first blank and place your present address in the second e same for additional plaintiffs, if any.
	A.	Name of plaintiff: Fro desich Pannington, Jr ADC# 71305
		Address: P.D. Box 600, Goody, Add, 71677
		ADC # This case assigned to District Judge Could
		Address: and to Magistrate Judge
		Name of plaintiff: economic states of pure
		ADC #egbut to District Judgesingle Water of bistrate assigned to District Judge
		Address:
		ow, place the <u>full</u> name of the defendant in the first blank, his official position in the his place of employment in the third blank, and his address in the fourth blank.
	B.	Name of defendant: Wordy Kelly
		Position: Depoty Director
		Place of employment: Ack Orph Of correction tentral office
		Address: P.D. Box 8707 Pire Bluff, AM, 7/6/1
		Name of defendant: Ray Hobbs Daguty Director
		Position: Diputy Director
		Place of employment: ACM Drot of World of in control of

		Address: P.D. Box 8707
		Name of defendant: (5) Grant Harry, and Kin Luckett
		Position: William and Assistant Worden
		Place of employment: Valves and Valves Sufairment
		Address: P.D. Box 600, Gody, AN 71644
		Name of defendant: 1.M. S. Hastle Care Porider
		Position: Harle Care Provident
		Place of employment: Ark Deft of Leitaction
		Address: PD. Box 8707 Pine Buff, ANK, 71611
II.	Are yo	ou suing the defendants in: Haditionity Orfon dents Continued on Attacket
		official capacity only personal capacity only both official and personal capacity
III.	Previo	ous lawsuits
	À	Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action? Yes No.
	D	If you are to A is used describe the lowerist in the space below (If the series made
	В.	If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)
•		☐ Parties to the previous lawsuit:
		Plaintiffs: Frederick Pour To,
		Defendants: South with Regional Hospital
		at at

		Court (if federal court, name the district; if state court, name the county):			
		Docket Number: 5:06 - 60 - 60 - 58			
	C	Name of judge to whom case was assigned: Hamey L. Tones are			
	C				
	С	Approximate date of filing lawsuit: Much 8, 2006			
	Ĺ	Approximate date of disposition: Approx Ponding			
IV.	Place of p	present confinement: Valves Sup Mex Askungus			
		antherest of collection			
v	At the time of the alleged incident(s), were you: (check appropriate blank)				
	in	jail and still awaiting trial on pending criminal charges			
		rving a sentence as a result of a judgment of conviction			
		jail for other reasons (e.g., alleged probation violation, etc.)			
VI.	of admini prisoner a county jai asserted i	In Litigation Reform Act (PLRA), 42 U.S.C. § 1997e, requires complete exhaustion strative remedies of all claims asserted, prior to the filing of a lawsuit. There is a grievance procedure in the Arkansas Department of Correction, and in several ls. Failure to complete the exhaustion process provided as to each of the claims in this complaint may result in the dismissal without prejudice of all the claims this complaint.			
	A. Di	d you file a grievance or grievances presenting the facts set forth in this complaint?			
	Ye	es No No			
		d you completely exhaust the grievance(s) by appealing to all levels within the levance procedure?			

Yes No	
If not, why?	

VII. Statement of claim

State here (as briefly as possible) the <u>facts</u> of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Additional Definitions
Name of Definitionals
Lt. Ivey and another civilian
John Doc officer
Position Correctional Officers

Place of Employments: Pine Bluff Drug ne Gic Address P.O. Box 8707, Pine Bluff, AN 7/6/1 Name of Defendants

Position Sargents, correctioned officers Place of Employments Pine Bluff Diagnostic Address: P.D. Box 8707, Pine Bluff, AM, 716/1

Name of Defondants

South west Regional Hospital, I John

Doz Doyle, I know young Room Roughionist,
Registered Nuise Shannen, Cuthy, and
two other John Don Nuises assign to
Rudiology, and Dany, The Ultra sound

Trop risium, All of the Bouth wast Regional
Hospital, Little Rock, And

Nume of Orforder

Dr. Otis T. Gorden and R.P. N Jor Lobbs

Postion Doubor and Assistant Partioner Nuisz

Place of Employment. Doubors office and Juffren

Regional medical center

1609 W. 40 Are

Pine Bluff, 1741. 71603

	well knyoned Hospital office Ivy and flat word, need
VIII.	Relief
	State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.
	Thing by Jung + Ingention Rating Count was , Allering Free , 25 mill non for
	Companyatory dumest in A 975 mill-
I decla	are under penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and correct:
	Executed on this 17 day of Trucy, 2006

Signature(s) of plaintiff(s)

unother John Doe formal consentioned officer assign at the southwest Regional Hospital from the Pine Bluff Drugnostin unit for security at the Hospital for inmotes that were received medical treatment for Hapatitis a

After I talk to R.N. Chinson and cathy in Radiology, after I signed the committeement of der in the Emergency Room, and anter Redsology and R.N. Charron drow my blood, I read and sign some. papers, and told the nuises that I wanted to talk to the decisi before I signed the papers for the I.V. After I talk with R.N. Charmon and cathy, I told them that I would sign the papers and allowed then to blood the I.V.

Registered Nuise R.N. Gunnen Gild to administer the I.V. and Brick me three times and had to get

assistent from R.N. Cathy. De nuisas were walking around, and soft. Worney. Ext. morris, and As. other writing condfioned office wall talking, and then Officer I'vy come in and we all were talling and getting with the Situation, fimilier with the situation in the Hospital in Little Rock, Ack. I then was talling with the nurses and Droma, the uttra 80 and Technician, dressed in red came in the room, Radio logy. I talk with her, and Bhe told me that the was talling me in the whom sound Room. She begen to roll me in the uttra sound goom, but before she rolled and out, there was some confusion if I was to Story ut the hospital. Set . Channely asked another nuise was I supplies to Stoy at the Hospital, and the was un-80.54, and then said, you'll can take him

buck

while Drome was rolling me into Rulis loggy. But sould that Di was having difficulty taking me to the with the sound board by rolling the Great-the with the and me concepts her to put the Dretcher on down the hall of the Dretcher and soft. Channey follow-rd backand us.

sin several pertinuts assign to the hospital that was receiving tradment for hepatitiss a, there was two vary sich patients, and I sow another in mate that look like Touch wilkerson who was good twough 4 lot of pain and look like he was dying from hepatitis a, of the lung transplant, of the treatment that he was a to the was front, and took that they he was a to the was the treatment that he was a to the was a to the was the treatment that he was a to the was a to the treatment that he was a to the was a to the treatment that he was a to the was a to the treatment that he was a to the was a to the treatment that he was a to the was a to the treatment that he was a to the was a to the treatment that he was a to the was a to the treatment that he was a to the way the way the way the treatment that he was a to the way the

family correctional officer witnessed the in made doing and the form And he was suffering Hapatitis L. 15 G dangerous sickness and were cause the spread of lives Desease, and cause you 40 have Concer, and die, or have a lung, Kidney, Livre, or hand comes, descess, Or from Plant. I need my medical tradment and I Know in my heart and mind I Bround Regional Hospital for a year from the much 3,2006 date but I was taken 60 Ad hospital to privert may Sidness from Killing me, of having 4 heart, Lives, Ridway, or lung towns print or worse Otigo of the desense. Is Know my sichness is getting WOISN and I might be ding because I have not got my

moderal transment for hyportitis C. In the Ultra sound Room the mechanic down my liver up on the computar SUGAR I talk with Dana, then I talk with soft thing about he paid-Ha then asked me about Dr. Ahadord by asking who was my doctor at Are und, and I told him D'. Ahmel. He told me that infortion could set in my liver. The dardie them Start down a spot on my right side, and I begin to think of a vacanat -100 I get when I was 4 wild, and Ret's when the doctor Stud me with one of the instrumments that he had in his hand, He then said, one moil like that all to do it, and I said

your right. 54 mores reliaved 834. Womning and grave him some food soft theory Gegred out the room. The R.M. cathy then said we bother the him and give him some lunch. R.N. Cathy push my Street ches collect my Startiles book in Rodin logy followed by 84. Morris one we get but in Rediology. R.N. Cathy gave me my lunch. and a softdirk. I told AR R.N.S That I was in our Dunnon, and cathy worked off, and I told Re R.N. Fret Came on the 3 to 11 Brift that I was in pain, and needed some medication to Stop the pain She sould that I could not have any medicine. I this

told Sigh Munney that I was in puin and I need some medication to Blip At pur. Al other inmate was ding from his sictions of reportitis a und they was giving from domest for his proin. He may be dead by now from 14 hul I 8010. 84. morres, and he other John Dos costs from office in william dothers N'ese Sitting by 8gt. Channely when I Gold him that I was in pain and needed some medication to Sup the Pain, Syt. Channey told me not to think about All pain A 1,412 later the R.N. that denial me my medication told me to get in a wheel their and collect me out to the von. I inturned bail to the pason, and I have not neurosed any

medication for hapostitis a wan though I've been in pour and regulated the frontment, and bown to sick call several tirally and retified medicy mockers and countrional Officers of the prison Aut I'm Sich on may 4,2006 I was taken to the Doctors Office that's hooked on to Inflation Ragional medical contes In Pin Bluff, Ad. and dervid my Medial tradinent for hepatitis a be-Cause ufter I toll with A. P.N. Joe colls, and during the conversations With De Ofis T. Gordon, he grand Aut I did not have H.I.V. Hapatitis B, and that my medical fits gard that I had a thy rold problem, and that he would begin my medical Grandment for a year up at The DO Hors Office and the Interson Regional

nedical centre J.R.M.C. 8000 as Pag Usual up the thy road pro Blam. Dr. Gordon soud that he wanted to Start my transperf on may 4, 2006, But after reading my medical file I was sont back to the prison The Jaffarson Regional medical contes and he doctors office is well advanced to 4, alge and treat any , 11 ness Aut I jud or was documented in my medicy file D: Gordon said that he would Start my treatment. Is was not told by any correctional offices or medical worker at any hospital of prison infirmery that I had a thy roid problem I need to be committed in ce hospital for my medial transment to prevent myself from ding

The MUSE, Lumbert sound that I was six and that I Sould be so - cinung my medical treatment but I have not got any medicine us of the filing of this complaint. Please order that I get my medicine that I get my medicine that at a hospital and that I'm going true diagnosis of what I need my medical transport for

dam II

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for the in mates in the varies super

max is filting, and contaminated with

bird droppings, Irce, metrs, and filth

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to warsen in my hepotitis a und

the spread of Lives Descase, or one

of the other internal organs to be-

come introduct I Sould be given or more thanks and safe anvironment and rowerfion area to present the special of sinkross and descare I also have althoug, and need a open yard for munition. There is one aft baside 6 cellbooks in An Experment and Sweld be make available to the inmutes at AN Victor Sugar mer I can also without No Paile dessaise from the morsquitors that in haboit the cages that are used for a yord ourredion will. They Grand open the yard for And innutes in super-max that's baside 6 cellblocks in the supio Mex, or ten down the court in the book of the Supri Max,

and make a propor open odoce from

In that my life is in dought from
the sickness of hipporties a I must
be granted to proceed on my law suit
under the immunent danger of a serious
prysical inputy. Section 807 (d) Admits
a new subsection, to be codified at
28 U.S. L. S 19159). See section D

of the prison Litigation Reform that
P.I.R.A of this from in Judget, and
Alacted quite and G.N. V.S.M. 06-00536,
and VSM 05-02490.

The united States Diffied count for the Eintern Diffied of Anhunsos must grant pumission to power in forma pouparis 28 u.s. c. 3 19188), and allows me to proceed with our propay ment of facts in this case be cause of the imminent durfer of a sarrows injury, and belause at this point I suffred malparthe, 4 depin 1 it ion of a shrows medical need, and
to unhealth mirrorments, living condit1001, and denoted the proprie medical
boardment that I'm while I

Dr. Otis T. Gordon and APN

Joa Wobbs of the Do Hors

office and Infinison Regional

medical center in Pine Bl
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Expect medical w. tressel,

Fredich Penniter L.

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Back of Attachment II

	18	Copies
ıt II		ſ

	Frederick Pennington	071305	VSM-05-02490	
INMATE NAME		ADC#	GRIEVANCE #	

DEPUTY/ASSISTANT DIRECTOR'S DECISION

I have reviewed your grievance (Att.1A) dated 12-22-05 in which you state, "The inmates have an open yard outside that the inmates should be permitted to use for proper recreation facility and to prevent disease infection and contamination from the infestation of bird droppings, insects, bugs and or lice that that inhabit on birds. Inmate should not have to a single man cage that is inhabited by the contamination of bugs and bird's insects, and bird waste and infestation." I have also reviewed the Warden's Response, your appeal to this office and Sgt. Taylor's statement.

Based upon my review your complaint was appropriately addressed at the Unit level and I concur with the response given.

Appeal denied.

5-9-06 DATE

Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court must dismiss your case without notice. You shall also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

Case 5:06-cv-00144-HDY Document 2 Filed (GRIEVANCE FORM - (Attachment 1A)	FOR OFFICE USE ONLY
OTTO TOTAL AND	110 M A + A 2(10)
	Grv. # 0)110) -00190
UNIT/CENTER <u>V.S., W.</u>	Date Received (1-3)-03
	Grievance Code:
Name Find Part of No ADC# 07/800 No	Brks 693 Job Assignment Und
IS THIS GRIEVANCE A MEDICAL GRIEVANCE?" Yes No	<u></u>
**********************************	******************
All complaints/concerns should first be handled informally before pro-	ceeding to the formal grievance procedure.
THE ORIGINAL INFORMAL RESOLUTION FORMS	SHALL BE ATTACHED
Inform Action Taken	1
Have you discussed this problem with your designated problem-solver? Yes	No fif yes, give date
Why do you feel the informal resolution was unsuccessful?	Orobum Erluic
pun anowing the in front	e myllegron, of
- inturned of the Diputy 1)	wither key these
Charles order for warder to all	ow mounty loothe agenya
Please give a <u>BRIEF</u> , clear statement of your grievance. This statement multiplaces, personnel involved, how you were affected and what you want to re	
grievance. Additional pages or forms will not be allowed and if attached, wi	
grievance without content review.	
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the in an too mould hel out to	nitted to use for
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sinds man luge that it is	n huborted by
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501B, and bind ware in	nd intatution
IS THIS AN EMERGENCY SITUATION? YES NO If yes, why?	the singly man bind
cases an fitting and infato	I amk a health horrow
(An emergency situation is one in which you may be subject to a substantial risk or physical has are not of a serious nature.) If you marked yes, you may give this completed form in any officer.	arm. It should not be declared for ordinary problems that
emergency receipt, give you the receipt and deliver it without indue delay to the North Industrial Unit/Center Assistant Warden. REPRISALS If you are happined or threatened because of you	riten/Center Supervisor or, in their absence, to the
Warden.	1-2 - 92 - 95
INMATE SIGNATURE	DATE
(TO BE FILLED OUT BY THE RECEIVING OFFICER)	UPERVISOR
RECEIPT FOR EMERGENERATION	BUILDING ()
OFFICER (Please Print) Ksbess- Signature	STYS
FROM WHICH INMATE? F. Pennigton	ADC# 07/305
DATE: 12/30/07 TIME: 10/33 A	810
	610

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UNIT/CENTER		()\I\(\(\theta\)\ - () (U90 -
PLEASE PRINT	 '	USINOS - 02490 12-30-05
Name -	ADC#B	orks Job Assign poent
IS THIS AN EMERGENCY SITUATION? YES _	NO If yes, why?	J 09.
	·	
(An emergency situation is one in which you may be subject t		
are not of a serious nature.) If you marked yes, you may give emergency receipt. You will be given a copy of this receipt by	the designated problem-solving staff	REPRISALS: If you are harmed or threatened
because of your use of the grievance form, report it immediat	ely to the Warden.	
Give a ERIEF statement of your complaint/concern. T	his statement must be specific as	to the complaint dates places personnel
involved and how <u>you</u> were affected. <u>One Issue</u> or in	cident per complaint form. Addition	onal pages or forms will <u>not</u> be allowed.
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	at the period	W. J. G. C. C. C. G. C.
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<u> </u>	V h	
Inmate Signature	The state of the s	Date
THIS SECTION T	TO DE EULED OUT DY OF	AFF ONLY.
11110 02011011	<u>TO BE FILLED OUT BY ST</u>	•
	O BE FILLED OUT BY ST	6
	TO BE FILLED OUT BY ST	Al pholo
STAFF RECEIPT AND ACTION TAKEN	Staff Code	Staff Signature / Date Received
PRINT STAFF NAME (PROBLEM SOLVER)	<u></u>	Staff Signature / Date Received
PRINT STAFF NAME (PROBLEM SOLVER) Was this deemed an emergency? Yes No	Staff Code	
PRINT STAFF NAME (PROBLEM SOLVER) Was this deemed an emergency? Yes No Was there a need to contact medical? Yes No	Staff CodeIf yes, give name of pers	
PRINT STAFF NAME (PROBLEM SOLVER) Was this deemed an emergency? Yes No Was there a need to contact medical? Yes No	Staff CodeIf yes, give name of pers	
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PRINT STAFF NAME (PROBLEM SOLVER) Was this deemed an emergency? Yes No Was there a need to contact medical? Yes No Describe action taken to resolve complaint, including d	Staff Code If yes, give name of pers	on contacted?
PRINT STAFF NAME (PROBLEM SOLVER) Was this deemed an emergency? Yes No Was there a need to contact medical? Yes No	Staff CodeIf yes, give name of pers	on contacted?
PRINT STAFF NAME (PROBLEM SOLVER) Was this deemed an emergency? Yes No Was there a need to contact medical? Yes No Describe action taken to resolve complaint, including d	Staff Code If yes, give name of pers	on contacted?
PRINT STAFF NAME (PROBLEM SOLVER) Was this deemed an emergency? Yes No Was there a need to contact medical? Yes No Describe action taken to resolve complaint, including d	Staff Code If yes, give name of personates. Does inmate agree that issue RECEIVE	e was resolved? Yes No
PRINT STAFF NAME (PROBLEM SOLVER) Was this deemed an emergency? Yes No Was there a need to contact medical? Yes No Describe action taken to resolve complaint, including d	Staff Code If yes, give name of personates. Does inmate agree that issue RECEIVE	e was resolved? Yes No
PRINT STAFF NAME (PROBLEM SOLVER) Was this deemed an emergency? Yes No Was there a need to contact medical? Yes No Describe action taken to resolve complaint, including d	Staff Code If yes, give name of personates. Does inmate agree that issue RECEIVE	was resolved? Yes No

INMATE NAME: Pennington, Frederick ADC #: 071305A GRIEVANCE #: VSM05-02490

WARDEN'S/CENTER SUPERVISOR'S DECISION

In Response To Your Grievance: Sgt Taylor advises that the recreation facility is cleaned approximately 3 times per week. The recreation yard is outside, there will be birds and insects in that area. Therefore, I find no merit in your grievance.

Signature of ARO or Warden's/Supervisor's Designee

Title

Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five days by filling in the information requested below and mailing it to the appropriate Deputy/Assistant Director. Keep in mind that you are appealing the decision to the original complaint. Do not list additional issues which are not part of your complaint.

why do you not agree with the response? There is a large for cod in a rue sight next to the super must that about he used for the super must yard because super mux and admin it afrom superjuntion, and death row in mosts must be given a outside new-cation fard that does not posse a health he zard as the I man called in fested the area in the but of the sufer med. It is unlable and outside surgesty for i.e., and other small master that is unlable and outside surgesty for i.e., and other small assets that inhabit birds.

Tellumate signature of the same and must birds.

RECEIVED

MAR 0 7 2006

NIMATE GRIEVANCE SUPERVISOR
ADMINISTRATION BUILDING

TO:	Inmate <u>Pennington, Fredrick</u>	ADC# (<u>)71305</u>	Unit Varner Supermax		
FRON	M: Wendy Kelley, Deputy Director	or				
RE:	Receipt of Grievance <u>VSM06</u>	<u>-00536</u>				
DATE	E: <u>April 19, 2006</u>					
Please	Please be advised, the appeal of your grievance dated 3/5/06 was received in my office on this date 4/17/06					
You w	You will receive a response from this office by $\underline{5/29/06}$					
	OR					
	This grievance is being returned to yo	ou becaus	e the time	allowed for appeal has expired		
This grievance is being returned to you because you have not attached the informal resolution (Attachment 1) the original grievance form (Attachment 1a) the Warden's/Center Supervisor's Decision (Attachment 2) the Infirmary Response and/or the Mental Health Response a clear statement of appeal (Back of Attachment 2) Return your grievance with the checked items if you wish to continue the appeal process						

Case 5.00-cv-00144-HDY Document 2 Filed 00/01/00	Page 43/9/07/0-0057/6
INFORMAL RESOLUTION FORM (Attachment 1)	(may 6010)
UNIT/CENTER	03-10-06
PLEASE PRINT Name Fonder III Promotion ADC# 07/30 Brks 6 IS THIS AN EMERGENCY SITUATION? YES NO If yes, why? SAL GIBSON and SICUCITY GO ONLY	35 Job Assignment 4. A. NUCLA Notified MO in An intermed
(An emergency situation is one in which you may be subject to a substantial risk or physical harm. It shot are not of a serious nature.) If you marked yes, you may give this completed form to the designated problemergency receipt. You will be given a copy of this receipt by the designated problem-solving staff. REPI because of your use of the grievance form, report it immediately to the Warden.	lem-solving staff, who will sign the attached
Give a <u>BRIEF</u> statement of your complaint/concern. This statement must be specific as to the involved and how <u>you</u> were affected. <u>One issue</u> or incident per complaint form. Additional particles	e complaint, <u>dates</u> , places, personnel ages or forms will <u>not</u> be allowed.
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prison officer and employing	at south
to pre muturely chesse me	Son the Hos
Patring me any medicing in	from no live
sign outil all after bring of	wed main a of fire batters.
Trideinh Pennyton Janana Finnate Signature	nuch 5 2006
THIS SECTION TO BE FILLED OUT BY STAFF	ONLY.
STAFF RECEIPT AND ACTION TAKEN	M. Cobb 3-6-06
PRINT STAFF NAME (PROBLEM SOLVER) Staff Code	Staff Signature / Date Received
Was this deemed an emergency? Yes No	
Was there a need to contact medical? YesNoif yes, give name of person co	
Describe action taken to resolve complaint, including dates. If s NOT WITTO HO May in the Most tal Dy The infirmary would that does now	your doctor makes
Was issue resolved? Yes No Does inmate agree that issue was	resolved? Yes No
Staff Signature/Date DISTRIBUTION: YELLOW – Inmate Receipt	nate Signature/Date
(AFTER COMPLETION) PINK – Problem Solver Copy BLUE – Grievance C	5-7-Cb
ORIGINAL - Given back to the Inmate After Completion	810-00
4- W	

GRIEVANCE FORM - (Attachment 1A)	FOR OFFICE USE ONLY
	Grv. # 15MOCo-10576
UNIT/CENTER (/ Cm.	Date Received 03-10-00
	Grievance Code:
PLEASE PRINT Name	Brks 637 Job Assignment 409
All complaints/concerns should first be handled informally before production	ceeding to the formal grievance procedure.
THE ORIGINAL INFORMAL RESOLUTION FORM S	SHALL BE ATTACHED
Informal Action Taken	1 000.00
Have you discussed this problem with your designated problem-solver? Yes	, -
Why do you feel the informal resolution was unsuccessful? On Mu gave Lt Cobbs 2 informe resolution cell reading with mr Allan on m She world on T Hynd to Coyl her	
Please give a <u>BRIEF</u> , clear statement of your grievance. This statement murplaces, personnel involved, how <u>you</u> were affected and what you want to regrievance. Additional pages or forms will <u>not</u> be allowed and if attached, will grievance without content review.	solve the issue. One issue or incident per
I'm writing they in from 4 ca color and the the care particles an and molognes conspicate to west Ra Little Real At to per mobile the hospital at the my intra- infortion, internal breaking for side and pain and place in cell after bring notified by	Spran officials, presser officials, presser for med- granel storpet in coruna scopety wiff- refiers to provent em a segrapules for.
IS THIS AN EMERGENCY SITUATION? YES NO If yes, why? _	I should have brown
(An emergency situation is one in which you may be subject to a substantial risk or physical ha are not of a serious nature.) If you marked yes, you may give this completed form to any office emergency receipt, give you the receipt and deliver it without undue delay to the ARO, the War Unit/Center Assistant Warden. REPRISALS: If you are harmed or threatened because of your Warden INMATE SIGNATURE (TO BE FILLED OUT BY THE RECEIVING OFFICER) RECEIPT FOR EMERGENCY SITUATION OFFICER (Please Print)	m. It should not be declared for ordinary problems that r or department employee who shall sign the attached den/Center Supervisor or, in their absence, to the
FROM WHICH IMMATE? F. PenningTon	ADC# 71305
DATE: 3/colo6 TIME: Greden	<u>\</u>

8.1*C*

INMATE NAME: Pennington, Frederick ADC #: 071305A GRIEVANCE #: VSM06-00536

WARDEN'S/CENTER SUPERVISOR'S DECISION

Your Grievance Was Received On 03-10-06

I have determined that your grievance is a medical matter. I have forwarded your grievance to the Medical Administrator who will provide a written response, and/or will interview you within twenty working days of the date I received your grievance. Should you receive no response within this time frame, or the response that you received is unsatisfactory, you may appeal to the Deputy Director for Health and Correctional Programs. If you have medical needs that you believe are urgent, put in a Sick Call Request, or send a Request for an interview to the Medical Administrator.

•
Signature of ARO or
_
/arden's/Supervisor's Designee

Title

Date

RECEIVED

CESTOS OF THE
INVESTIGATOR

INMATE'S APPEAL

APR 17 2008

If you are not satisfied with this response, you may appeal this decision within five days by the control filling in the information requested below and mailing it to the appropriate Deputy/Assistant Director. Keep in mind that you are appealing the decision to the original complaint. Do not list additional issues which are not part of your complaint.

sound Biopsy at south west regions tospitul. I was someted brove the traffic tospitul. I was someted brove the traffic pain, pain, white and ary redication to prevent infraction, pain, patient on the Hospitul with the Bune Condition as I, and are of the with the Bune Condition have the first of the traffic to the traffic on the Hospitul I should have the first and the traffic and traffic and the traffic and traffic and the traffic and traffic and traffic and

CMS GRIEVANCE RESPONSE

GRIEVANCE#: VSM06-00536

INMATE: Pennington, Frederick	ADC#: 071305	DOB: <u>08/23/1961</u>
Facility: Varner Super Max [F02]		Barracks: <u>CB05</u>
Grv. Date: 03/10/2006	Date Infirmary Recd: 03/20/2006	Response Date: <u>03/31/2006</u>

Interview: Required © Deferred ©

Inmate's Complaints: (Code:)

Denial of Treatment (601) Should have stayed in the hostipal for proper treatment.

Responses:

In reviewing your medical record, it indicates that you were scheduled for a Liver Biopsy on 3/03/06 at South West Hospital, as out patient. There was no documentation of where you were to stay in the hospital for any treatment on 3/03/06. Your Liver Biopsy report was reviewed by Dr. Ahmed and a consult was submitted for Gastroenterology on 3/30/06. Your consult is pending for approval. Mrs Hubbard reviewed the biopsy report with you on 4/03/06, with no new problems.

Recommendations:

Waiting approval of consult.

Responding-Staff

Date

Follow Up Required?: Yes • No C

TO:	Inmate Pennington, Fredrick ADC# 71305 Unit Varner Supermax				
FRON	Wendy Kelley, Deputy Director				
RE:	Receipt of Grievance <u>VSM06-00839</u>				
DATE	May 8, 2006				
Please	be advised, the appeal of your grievance dated <u>4/16/06</u> was received in my office on this date <u>5/8/06</u>				
You v	Il receive a response from this office by $\underline{6/16/06}$				
	OR				
	his grievance is being returned to you because the time allowed for appeal has expired				
	This grievance is being returned to you because you have not attached the informal resolution (Attachment 1) the original grievance form (Attachment 1a) the Warden's/Center Supervisor's Decision (Attachment 2) the Infirmary Response and/or the Mental Health Response a clear statement of appeal (Back of Attachment 2)				
	Leturn your grievance with the checked items if you wish to continue the appeal proces				

TO:	Inmate Pennington, Fredrick	ADC# <u>71305</u>	Unit Varner Supermax		
FROM:	Wendy Kelley, Deputy Directo	r			
RE:	Receipt of Grievance <u>VSM06-00820</u>				
DATE:	May 8, 2006				
Please be ad	lvised, the appeal of your grieva was received in my office on				
You will red	ceive a response from this office	by <u>6/16/06</u>			
	OR				
This a	grievance is being returned to yo	ou because the time	allowed for appeal has expired		
	grievance is being returned to you the informal resolution (Atta the original grievance form the Warden's/Center Super the Infirmary Response and a clear statement of appeal	achment 1) (Attachment 1a) visor's Decision (At /or the Mental Hea (Back of Attachment 2	ttachment 2) Ith Response		

TO:	Inmate Pennington, Fredrick	ADC# <u>71305</u>	Unit Varner Supermax
FROM:	Wendy Kelley, Deputy Direct	or	
RE:	Receipt of Grievance <u>VSM06</u>	-00818	
DATE:	May 8, 2006		
Please be	advised, the appeal of your grieve was received in my office o	****	
You will r	receive a response from this offic	e by <u>6/16/06</u>	
	OR		
This	s grievance is being returned to y	ou because the time	e allowed for appeal has expired
_	s grievance is being returned to y the informal resolution (At the original grievance form the Warden's/Center Super the Infirmary Response an a clear statement of appeal	tachment 1) I (Attachment 1a) I (Source of the Mental Head (Back of Attachment)	Attachment 2) alth Response